

**SUPPLEMENTAL DECLARATION  
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SEED-ASSOCIATED PROMOTER SEQUENCES, the specification of which was filed on August 1, 2003, as Application No. 10/633,279, with amendments through September 5, 2006.

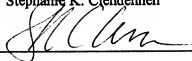
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor Name: Stephanie K. Clendennen

Inventor's Signature



28 Feb 07  
Date

Residence: Kingsport, Tennessee

Citizenship: United States of America

Post Office Address: P.O. Box 6332  
Kingsport, Tennessee 37663

Inventor Name: Jonathan Lightner

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: Des Moines, IA

Citizenship: United States of America

Post Office Address: 540 46th Street  
Des Moines, IA 50312

Inventor Name: Debra Schuster

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: Portland, OR

Citizenship: United States of America

Post Office Address: 2105 N. Webster  
Portland, OR 97217

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Inventor Name: Stephanie K. Clendennen

Inventor's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Residence: Kingsport, Tennessee

Citizenship: United States of America

Post Office Address: P.O. Box 6332  
Kingsport, Tennessee 37663

Inventor Name: Jonathan Lightner

Inventor's Signature



2/5/2007

Date

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Citizenship: United States of America

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Des Moines, IA 50312

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Inventor Name: Stephanie K. Clendennen

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: Kingsport, Tennessee

Citizenship: United States of America

Post Office Address: P.O. Box 6332  
Kingsport, Tennessee 37663

Inventor Name: Jonathan Lightner

Inventor's Signature

Date

Residence: Des Moines, IA

Citizenship: United States of America

Post Office Address: 540 46th Street  
Des Moines, IA 50312

Inventor Name: <sup>DKO</sup>  
~~Debra Schuster~~ Debra Omev

Inventor's Signature

Date

Residence: Portland, OR

Citizenship: United States of America

Post Office Address: 2105 N. Webster  
Portland, OR 97217

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

LOCAL  
OFFICIAL

COUNTY HOOD RIVER

LICENSE EFFECTIVE  
ON OR AFTER JULY 27, 2006

GROOM

1. GROOM'S NAME		First COREY	Middle	Last OMEY
2. BIRTHPLACE (State or Foreign Country) TENNESSEE		3. DATE OF BIRTH (Month, Day, Year) JULY 15, 1975		4. AGE (18 or older, 17 with consent) 31
5. SEX MALE	6. OCCUPATION ARCHITECT INTERN/DESIGNER		7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced) SINGLE	
8a. FATHER'S NAME (First, Middle, Last) BILLY W OMEY		8b. BIRTHPLACE (State or Foreign Country) NEW MEXICO		
9a. MOTHER'S NAME (First, Middle, Maiden Surname) NANCY L. VAN LIEW		9b. BIRTHPLACE (State or Foreign Country) NEW JERSEY		
10. GROOM'S ADDRESS		Street and Number 2105 N. WEBSTER ST	City or Town PORTLAND	County MULTNOMAH
			State OREGON	Zip 97217
11. If affidavit is required as proof of age, the name and address of the affiant.				

CONSENT FORM  
WAFER

BRIDE

12a. BRIDE'S NAME		First DEBRA	Middle KAY	Last SCHUSTER
12b. MAIDEN SURNAME (If Different)		12c. PREVIOUS NAME (If Different)		
13. BIRTHPLACE (State or Foreign Country) WISCONSIN		14. DATE OF BIRTH (Month, Day, Year) DECEMBER 13, 1966		15. AGE (18 or older, 17 with consent) 39
16. SEX FEMALE	17. OCCUPATION MOLECULAR BIOLOGIST		18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced) SINGLE	
19a. FATHER'S NAME (First Middle, Last) CLAUDE B. SCHUSTER		19b. BIRTHPLACE (State or Foreign Country) WISCONSIN		
20a. MOTHER'S NAME (First, Middle, Maiden Surname) ROSE B. HELT		20b. BIRTHPLACE (State or Foreign Country) WISCONSIN		
21. BRIDE'S ADDRESS		Street and Number 2105 N. WEBSTER ST	City or Town PORTLAND	County MULTNOMAH
			State OREGON	Zip 97217
22. If affidavit is required as proof of age, the name and address of the affiant.				

CONSENT FORM  
WAFER

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

23. GROOM'S LEGAL SIGNATURE 	24. BRIDE'S LEGAL SIGNATURE 
---------------------------------	---------------------------------

NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF OREGON AFFIRM YOUR RIGHT TO ENTER INTO MARRIAGE AND AT THE SAME TIME TO LIVE WITHIN THE MARRIAGE FREE FROM VIOLENCE AND ABUSE.

LICENSE TO  
MARRY

This License Authorizes the Marriage in this State of the Parties Named Above by Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the STATE OF OREGON.		25. LICENSE EXPIRES (Month, Day, Year) SEPTEMBER 26, 2006
26. DATE LICENSE ISSUED 7/24/06	27. SIGNATURE OF ISSUING OFFICIAL 	28. TITLE OF ISSUING OFFICIAL CLERK
29. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON - MONTH, DAY, YEAR 7/29/06	30a. WHERE MARRIED - CITY, TOWN, LOCATION Mt. Hood, OR	30b. COUNTY Hood River
31a. SIGNATURE OF PERSON PERFORMING CEREMONY 	31b. NAME (Type/print) Timothy R Smith	31c. TITLE Reverend
31d. NAME/ADDRESS OF OFFICIANT'S AUTHORIZING RELIGIOUS CONGREGATION/ORGANIZATION World Christianity Ministries	31e. ADDRESS AND PHONE NUMBER OF PERSON PERFORMING CEREMONY 2305 SE 53rd Ave. Portland, OR 97215	
32. WITNESS NAME Scott Foley	33. WITNESS NAME Laurie A. Daley	
34. SIGNATURE OF COUNTY CLERK OR DIRECTOR 		35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year) August 4, 2006

CEREMONY

APPLICANT - DO NOT WRITE BETWEEN  
THESE LINES - OFFICIAL USE ONLY

APPLIC  
THESE

32. WITNESS NAME

Scott Foley

33. WITNESS NAME

Louise A Daley

34. SIGNATURE OF COUNTY CLERK OR DIRECTOR

*[Signature]*

35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)

August 4, 2006

LOCAL  
OFFICIAL

Certified to be a true and  
correct copy of the ORIGINAL  
Document as recorded in the County Records  
by *[Signature]* County Clerk

FILED  
RECORDS AND ASSESSMENT  
HOOVER RIVER CO.  
2006 AUG -4 P 3:30